Australian Human Rights Commission
National Children's Commissioners examination of intentional self-harm and suicidal behaviour in children

Submission by the North West Qld Mental Health Network

Submission details
This submission is made by the North West Qld Mental Health Network. This network is a regional collaboration of mental health service providers, support services, related organisations and interested community members that work together to promote and improve social and emotional wellbeing in the North West Region. We have been successfully operating in the region for over 6 years and have been involved in a number of community events such as mental health week. The network meets on a monthly basis and can be contacted by email nwqmhn@hotmail.com or post NWQMHN, PO Box 79, Mount Isa, Qld 4825.

Topics of interest

1. Why children and young people engage in intentional self-harm and suicidal behaviour.
The following are areas that we feel contribute to children and young people engaging in self-harm and suicidal behaviour in our area:

- An increasing number of young people are being identified as having emotion regulation issues, there are also more knowledge around mental health issues but there are a lack of specific mental health services for young people in the North West region
- Social media is having a huge impact on young people, particularly around exposure to unsuitable material and cyberbullying
- We are seeing a culture of self-harm, with groups forming where self-harm is the linking factor
- Some young people see self-harm and the threat of suicide, and associated suicidal behaviour, as the viable option to getting their needs meet
- Young people from this region are very aware of suicide as an option due to the increased rate of suicide in this area
- There has been a notable loss of respect towards elders and authority figures from young people
- There have been an increase in family connections that are either absent or inappropriate/unsafe among young people
- Young people appear to have fewer coping strategies, this may be due to a combination of increases in stress and a reduction in appropriate coping being modelled or taught
- The drug & alcohol use in young people is a concern, particularly with a greater number of younger children 'sniffing' in rural and remote areas often due to being in the care of older siblings
- More parents appear to be not coping, this is common in rural and remote areas where people have relocated for work and are therefore away from extended family and also many more families have both parents working
- The disclosures or deaths by public figures can also highlight suicide and self-harm options to young people
- Adolescent relationship conflict/breakup are a major contributing factor for self-harm and suicidal behaviour

- Blended families can also be difficult for young people particularly if it includes parental conflict, step parents and different rules at different households
- Sexual abuse and incest are a significant risk factor for self-harm and suicidal behaviour and the North West region has no specific sexual assault service
- Moving to a rural and remote area can mean a loss of social networks and difficulties in developing new networks
- Many young people are now reporting a loss of hope for the future as they have to face leaving the community to get education or work
- Physical abuse/neglect are again a significant risk factor for self-harm and suicidal behaviour and has been shown to significantly alter a young person's behaviour in the long term
- Domestic violence is a significant issue in this region, although improvements have been made but this can often lead to young people roaming the streets at night rather than staying at home
- Overcrowding is a significant issue in rural and remote areas with fewer housing options available and high rental rates
- Many young people end up as homelessness, which can be for a number of reasons such as abandonment, substance use or domestic violence

2. The incidence and factors contributing to contagion and clustering involving children and young people.

- Social media can be a major contributing factor to contagion and/or clustering among young people
- School policy and procedures can contribute to contagion such as exposure of self-harming cuts
- Small communities are particularly to contagion and clustering as often the whole community are impacted by a suicide
- Previous deaths by suicide that are idolised and immortalised can then appeal to a young person feeling insignificant or worthless
- Copycat behaviour due to the attention given to the death and a lack of concept around the finality of death can also contribute to suicidal behaviour
- Some young people are unable to openly request help and self-harm and/or suicidal behaviour can become a way of seeking attention
- Another contributing factor is suicide saturation as most of the community affected in some way and communities can become overwhelmed when there are a number in a short period of time

3. The barriers which prevent children and young people from seeking help.

- Stigma around seeking help, mental health services, and parental attitudes of mental health can significantly hinder help seeking behaviour
- A lack of family support or transport can be a significant barrier in rural and remote areas, also parents sometimes are just unable to organise themselves or the child
- Young people can see services being too clinical or not child friendly, this can be particularly relevant in rural and remote areas where services have to be across the lifespan

- Not enough assertive outreach to engage with young people is a barrier, often due to funding constraints
- Young people may not be in the space physically or emotionally where they can engage in help seeking
- A particular issue in rural and remote areas are that transient populations make follow up difficult
- There is an unwillingness to call a telephone helplines in rural and remote areas
- A significant lack of child & youth specific services in the North West region can often mean that even if a young person would like some help there is no service available

4. The conditions necessary to collect comprehensive information which can be reported in a regular and timely way and used to inform policy, programs and practice. This may include consideration of the role of Australian Government agencies, such as the Australian Bureau of Statistics and the Australian Institute of Health and Welfare.

- Staffing would need to be available to collect the data
- Parental consent, particularly for Aboriginal and Torres Strait Islander populations can be difficult to obtain
- Currently there is no clear measure of what data should be kept for each service in government
- There needs to be clear definitions as to what constitutes self-harm as this can be interpreted differently
- Role to collect data being clearly defined so that data collection does not detract from service provision
- Data that is collated at a state level should have community break downs, with like for like comparisons
- Policy and funding should be informed by community data above that of just population based

5. The impediments to the accurate identification and recording of the intentional self-harm and suicide in children and young people, the consequences of this, and suggestions for reform.

- The doctors and emergency department staff awareness of self-harm and mental health issues can limit or over record intentional self-harm or suicide
- Stigma for both patient and medical staff may hinder the record as self-harm
- Negative treatment of someone that has self-harmed can occur which means a reluctance to report self-harm in the future
- Record of self-harm or suicidal behaviour is held on file for a long time and can deter people from reporting
- Staffing is a significant issue and any reform should include having a staff member specifically to record data

6. The benefit of a national child death and injury database, and a national reporting function

Argument for:

- If it can be specific to all communities, including remote communities, which could give accurate information that could be used to guide service provision
- It should have the capacity to feed up and inform policy and funding potential

Argument against:
- Who defines what constitutes an injury? There needs to be a clear definition
- How would all injury data be collected when not all injuries present to hospital?
- There is often a delay in determining a death as suicide and the criteria may differ from each State and Territory

7. The types of programs and practices that effectively target and support children and young people who are engaging in the range of intentional self-harm and suicidal behaviours. Submissions about specific groups are encouraged, including children and young people who are Aboriginal and Torres Strait Islanders, those who are living in regional and remote communities, those who are gender variant and sexuality diverse, those from culturally diverse backgrounds, those living with disabilities, and refugee children and young people seeking asylum. De-identified case studies are welcome.

- EdLinQ which acted as a link between child & youth mental health and schools, and provided education, support and early intervention to students, teachers and guidance officers. However, the North West region no longer has this position
- Assertive outreach for acute and extreme cases to ensure appropriate follow up
- Evolve which has a focus on children in the care of child safety but there are limitations to the service in this area such as an Evolve disabilities service
- Child & Family well-being centres as they act as a hub for service provision

8. The feasibility and effectiveness of conducting public education campaigns aimed at reducing the number of children who engage in intentional self-harm and suicidal behaviour.

- Advertisements that address the reasons behind self-harm and suicide such as emotion regulation, conflict management, parenting may be more effective than negative messages
- Promoting community connectedness, such as RUOK day, can help to identify young people having issues sooner
- Self-harm and suicide are the symptoms and end result of a number of contributing factors and therefore the focus should be on the underlying issues via public campaigns

9. The role, management and utilisation of digital technologies and media in preventing and responding to intentional self-harm and suicidal behaviour among children and young people.

Media has the ability to do great harm or great good. Many parents are unaware of what their children are accessing on the internet and also are aware of how to manage their child's use of digital technologies. They are also often unaware of some of the good websites aimed at assisting a young person with self-harm or suicidal behaviour issues.